

CHIROPRACTIC MEDICINE:

AN OXYMORON

OR

LONG OVERDUE?

by

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THE GENESIS OF THIS ARTICLE.

The genesis of this article was an informal investigation by this author into the understanding of what the phrase means. This was initiated when a medical doctor acquaintance asked me what was the difference between a chiropractic doctor and a doctor of chiropractic medicine and I had no coherent answer. In the course of the investigation I asked two questions to 18 people. The questions were:

(1) What does the phrase '*chiropractic medicine*' mean?

(2) Do you believe that this phrase is:

- (a) an oxymoron?
- (b) an idiomatic phrase?
- (c) an axiomatic phrase? *or*
- (d) an appositive phrase?

The group of people resided in Florida or California and all had doctoral degrees: 3 medical doctors, 1 osteopathic doctor, 3 Ph.D.s (English language, sociology and humanities) and 11 chiropractic doctors. Of this group, the Florida residents included 8 of the D.C.s, 1 M.D., 1 D.O. and the Ph.D.s in sociology and English language. This study group was not random but specifically chosen from the estimated 3% of the population as found in the 2000 Federal Census with either professional or research-based doctoral degrees.

The result proved more interesting than I anticipated. First a look at the chiropractor's responses: all 8 of the Florida D.C.s believed the phrase was synonymous with 'chiropractic' which is significant as Florida has the only Board of Chiropractic Medicine in this country. One of the California D.C.s believed likewise while the other two stated that '*chiropractic medicine*' was somewhat synonymous with 'broad scope chiropractic.' One further qualified his statement that he thought the phrase would be used by the subgroup of D.C.s that wanted the right to

prescribe pharmaceuticals included in the scope of practice. Eight of the eleven thought the phrase was an oxymoron and three did not know.

The non-chiropractic group was equally interesting: None of the seven could define the phrase while four of the group maintained it was not definable. Their comments ranged from the phrase being “nonsense” and “an incursion into the practice of medicine” to being “a deliberate attempt to defraud the public.” The four non-chiropractic professional doctors identified it as an oxymoron, the Ph.D. in English language thought it was an appositive phrase and the Ph.D. in humanities thought it was an idiomatic phrase. The sociology Ph.D. did not offer an answer but the substitution of it being “an idiotic phrase.” I’m not certain if this reflected their condescension or their quick wittedness but I have reason to believe it was meant in humor.

Two-thirds of participants thought the phrase was an oxymoron, 72% of D.C.s and 57% of non-D.C.s. Answers to the second question were complicated by the fact that none of the twelve could define what the other three options were and only four volunteered a correct example of any one of the three possible phrases. Only the follow-up with the English language Ph.D. proved to be illuminating. This doctor maintained that on many occasions nouns function as adjectives but stated this could not be a correct interpretation for the following reason: if “chiropractic” was a noun functioning as an adjective, the primary noun would be medicine and that, to be grammatically correct, one who practiced “*chiropractic medicine*” would have to, first, be qualified to “*practice medicine*.” I am not an expert in English language so I must defer to the expert; my research into the rules of grammar show that this premise is correct and, as the Ph.D. stated, those who maintain it has an adjective-noun structure have “little comprehension of the rules of English grammar.” (For those readers who desire or require a course or refresher in the basics of grammar, I recommend the CrashCourse 12 minute tutorials available on

YouTube). For this reason, the noun-as-adjective possibility was discarded as the number of doctors that can practice chiropractic and medicine is remotely small. The second option presented was the basis for his answer: both words were nouns; therefore “*chiropractic medicine*” was an appositional phrase, though this was qualified with it being one of dubious correctness. It failed as an idiomatic phrase as there was no “commonly understood consensus” of the phrase’s meaning and it failed as an axiomatic phrase as there was no axiom.

Given this response, this author decided to explore if the phrase *chiropractic medicine* was or was not grammatically correct and, if it was, what was its proper classification in grammar.

As one of handful of doctors to have completed the post-graduate course in Diagnosis and Internal Disorders, I am one of the very few to have been registered in the category of Chiropractic Internists for the National Provider Identification (NPI) program and have a vested interest in how to effectively convey that fact. It has been my experience in over two decades of practice that, when asked what kind of doctor I am, every response I gave that contained the word chiropractic, whether it be chiropractic physician, chiropractic medicine or chiropractic internist, was met with “So you’re a chiropractor.” In comparison, when I said I was an internist the reply was “What kind?” This I followed up with, since I was a chiropractic doctor, my practice focused on the correction of abnormal function of the internal organs through normalization of the nervous system. It became obvious that people’s views varied greatly depending on whether their initial perception was that I was a chiropractic doctor or that I was an internist who was licensed as a chiropractic doctor.

While I, on a personal level, have an indifferent opinion of the phrase, on a realistic level I question the astuteness of adopting a phrase that is confusing and has already seemed to have

garnered negative perceptions, at least outside the chiropractic profession. My education posited chiropractic in opposition to medicine, the specific analogy being, if medicine is Coca-Cola, then chiropractic is the un-cola or the Seven-Up of healthcare. My professional career which includes being an expert witness on matters of constitutional law as it relates to the health professions and publication of several articles in Chiropractic History has, if anything reinforced this stance for a number of reasons. First and foremost is that the theory of disease adopted by medicine, which includes the medical sectary of eclecticism, homeopathy, osteopathy and physio-medicalism, has never been adopted by chiropractic whether we are talking about the fever theory prevalent in the professions first few decades or the subsequent pathological theory. Second, chiropractic stands alone as the only professional doctorate whose theories and developments did not originate with medical doctors.

Some say they are advocating for the use of a “broad definition” of medicine which equates “medicine” with “healthcare.” In fact, they are advocating for a very specific definition found in many general dictionaries, one that is low on the list of definitions acceptable to the general public and, most tellingly, is *not* found in medical dictionaries. If we use this broad, and legally indefensible, definition of medicine, does it not follow that such a definition must then also include registered nurses, medical and dental assistants and a plethora of other healthcare career choices requiring a significant shorter course of instruction than doctoral programs? Nowhere in the definition of medicine as proffered by proponents is there any reference or inference to length of education.

There are three definitions of *chiropractic medicine* known to exist by this author and these are covered in the body of the article.

One last comment that is necessary to make before delving into this topic is the following. When reading law, one must have an understanding of how the law is to be read and interpreted. Those unfamiliar with the field of Constitutional Law often hold the incorrect opinion that subsequent paragraphs can expand the definition found in earlier paragraphs in the same section when, in fact, the opposite is true – later paragraphs are *subservient* to earlier ones in the same section. The presence of separately numbered or lettered paragraphs within a single section means the first paragraph creates the legal precedence and the subsidiary paragraphs can only define the first. For this reason it is important to read codes and laws with this concept in mind. A differently numbered section can expand on a previous section but a separately designated within a section cannot expand on the law as stated in the first paragraph.

CHIROPRACTIC MEDICINE: AN OXYMORON OR LONG OVERDUE?

ABSTRACT

19th century healthcare in the United States was a jumble of personalities and systems, each claiming to offer a new and better way to grasp the illusive prize – health and happiness. Some claimed to be different from, and superior to, the traditional medical approach of blood-letting and puking. Others claimed to actually be a part of traditional medicine yet offer a more civilized and gentler treatment regimen. From this cacophony arose the medical sectary, a multifaceted healthcare system unique to this country. Nowhere else in the world could one find the field of medicine embracing competing factions. As the century progressed, many sectarian tenets and treatments were absorbed by organized medicine and the long-term impact of the sects has been significant. However, this cooptation contributed to the decreasing authority and, ultimately, elimination of the medical sectary. This paper attempts to define what criteria separated a recognized medical sect from those that only claimed to be one. By establishing what criteria were fundamental to, and shared by, all branches of medicine, we can then see if other therapeutic systems fulfilled these criteria. The goal of this paper is to answer the following questions:

- (1) Is the designation *chiropractic medicine* a grammatically correct one, applicable to graduates of chiropractic institutions?
- (2) Could chiropractic meet the criteria to be a recognized medical sect before 1920?

It must be noted that these two questions are not hierarchical; each stands alone and is not dependent on agreement with the other.

METHOD

Authoritative books and journals of each sect of the period were consulted. Contemporary resources pertaining to the development of the medical sectary were accessed, evaluated for accuracy and reliability and used when germane to the topic. Most recent works published on sectarian medicine provided references to sources that might have otherwise been overlooked but did not provide reliable supplemental information to the primary sources cited and are included only when the work was the actual source. Significantly, every work consulted that purports to be a history of chiropractic and written by a non-chiropractor since 1970 suffered the same flaw. Each work, to a greater or lesser degree, displays a lack of ability to comprehend the metaphysical and spiritual concepts that were not only integral but perhaps primary in the development of the profession. The history of medicine in general was developed from both recent and period authoritative sources.

DEFINITIONS

To establish a common understanding of the terminology used in this paper it is necessary to define the following words:

Oxymoron: “An oxymoron (plural ‘oxymora’) is a figure of speech that combines two normally contradictory terms, e.g., ‘deafening silence.’ Oxymoron is a Greek term derived from oxy (‘sharp’) and moros (‘dull’) and is, itself, an oxymoron. Oxymora are a proper subset of the expressions called contradiction in terms. What distinguishes oxymora from other paradoxes and contradictions is that they are used intentionally as the combination of terms provides a novel expression of some concept.”¹

Medicine: “The science of diagnosing, treating, or preventing disease and other damage to the body or mind.”² The definition of *medicine*, as found in law, differs significantly from the extra-legal definition given. This fact cannot be overemphasized: in this country it is the legal definition that matters the most. It is the law that defines *medicine*, thus it is practical and logical to restrict the use of the word to that as it is defined by law. As the scope of practice is defined by law, the definitions of the terms used must be in accord with the law and not based on extralegal sources, including the sources used to obtain the definitions given. The agency that is empowered by the state to define these words suddenly becomes a very powerful agency. Laws that impact or define *medicine* may or may not encompass all of medicine by definition. In the main they regulate the practice of medicine by graduates of medical colleges of all sects.

Sect: “Sociologists use the word sect to refer to a religious or political group involving a high degree of tension with the surrounding society, but whose beliefs are (within the context of that society) largely traditional.”³

Allopathy: “A method of treating disease with remedies that produce effects antagonistic to those caused by the disease itself.”⁴ It is considered to be the prevailing or predominant school of medicine unless otherwise noted. The use of the word is interchangeable with “regular medicine” and “organized medicine.”

Employing the above definitions it is easy to see that a medical sect is an organized group of doctors whose theory of disease does not vary significantly from that adhered to by the dominant medical segment. The sect is “largely traditional” (share a common theory of disease) but is at odds with “the majority” (the allopaths), regarding the “beliefs” (appropriate therapy) of the majority.

What definitions of *chiropractic medicine* already exist? There are three and a complete discussion on grammar cannot be made without referencing them. The earliest dates to 1998 and is found in the *American Journal of Chiropractic Medicine* (1998). This author has had no success in locating this journal which was founded by Roy W. Hildebrecht, D.C. while at the National College of Chiropractic. The online catalogue of the publisher, the forerunner of the National University of Health Sciences, makes no mention of it.

The second definition comes from the same educational institution when the president of the National University of Health Sciences, James Winterstein, D.C., D.A.B.C.R., F.I.C.C., authored the opening editorial of the *Journal of Chiropractic Medicine* in 2002. A closer look at the publishers of this *Journal* is found later in this article. Dr. Winterstein's editorial "Expanding Our Vision" advocates for the adoption of the phrase *chiropractic medicine* by the profession.⁵ Unfortunately he utilized a questionable methodology to justify the use of that phrase. An argument could be made that, as an editorialist, Dr. Winterstein was not bound by the specific parameters of research, however his use of certain words and reference to inappropriate sources in a bid to lend weight to his editorial opinion allows for greater scrutiny of his arguments and requiring a higher standard than that normally accorded to opinion-editorial writings, the so-called op-ed pieces. In his editorial he used The Compact Oxford Dictionary, a general dictionary, to define a word found in specialized dictionaries. He then asserts that the method he used had the desired result of providing "the true meaning" of medicine without qualifying what he means by that phrase. If there is such a thing as a *true meaning* of medicine, it certainly does not come from a compact, general dictionary. The correct method by which our legislatures and courts define words was well-known at the time and the method he used was inappropriate, more so as it appeared in a publication that purports to be a peer-reviewed and

scientific journal. Whether this was done deliberately or accidentally, he undermined the basic premise of his editorial. It is difficult to believe this was an accidental oversight, for that requires the *a priori* supposition that this learned man was ignorant of the basic tenets by which our legal system works and ignorant of acceptable parameters of research.

Use of a generalized dictionary can be easily manipulated to achieve the desired results. The following definitions originate with a Princeton University publication from 2012 (*author's emphasis*).⁶

Medicine: 1) *The branches of **medical science** that deal with nonsurgical techniques;*
 2) ***Something** that treats or prevents or alleviates the symptoms of disease;*
 3) *The learned profession that is mastered by **graduate training in a medical school** and that is devoted to preventing or alleviating or curing diseases and injuries; "he studied medicine at Harvard".*

Chiropractic: *A method of treatment that manipulates body structures (especially the spine) to relieve low back pain or even headache or high blood pressure.*

Had Dr. Winterstein used these non-medical dictionary definitions, his arguments would fail completely. This may explain why he chose the definition that he did. It may also explain why he did not offer any accepted definition of chiropractic.

Medical dictionaries are the single source by which our Courts and legislatures uniformly refer to when definitions related to health are needed, including “chiropractic” and “medicine.” These specialized dictionaries have existed for centuries and have been used by the legislative and judicial branches of government to define such words for many years prior to the establishment of chiropractic.

The 1860 Medical Lexicon: A Dictionary of Medical Science by Robley Dunglinson, M.D. defines *medicine* solely as “*the medicament or drug*.”⁷ It also contains the following definitions:

Medicine, Legal: *The application of medical knowledge to the solution of every question connected with the preservation of the species, and the administration of justice.*

Clinical Medicine: *That which is occupied with the investigation of diseases at the bed-side, or individually.*

Stedman’s Medical Dictionary’s definition of “medicine” has remained virtually unchanged from 1914 to 2006 (*author’s **emphasis***):⁸

1. A **drug**.
2. The art of preventing or curing **disease**; the science concerned with disease in all its relations.
3. The study and treatment of general **diseases** or those affecting the internal parts of the body, especially those not usually requiring surgical intervention.

Stedman’s definition of chiropractic has changed significantly over this same period:

1914: *A method of palpation, nerve tracing, and adjustment of vertebra for the **relief** of morbid conditions (with morbid defined as diseased or pathological).*

2006: *A system that, in theory, uses the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and the nervous system, in the **restoration and maintenance of health**.*

Manipulation (no pun intended) of definitions and perceptions remains a problem for the profession as exemplified by Taber's Cyclopedic Medical Dictionary (2000) definition of chiropractic (*author's **emphasis***):⁹

*A system of healthcare in which **diseases** are **treated** predominantly with manipulation or massage of spinal and musculoskeletal tissues, nutritional therapies, and emotional support. (...) Manipulation of the neck has also resulted in rare instances of carotid and vertebral artery dissection, stroke, or nerve injury.*

Notice that chiropractors *treat diseases*. Also notice that *stroke* is related to *cervical manipulation* but receives mention under *chiropractic*. By the time this was published, it was 7 years after the incidence of stroke following upper neck manipulations was estimated at 1 in 3,000,000 and, of the 47 known cases, 41 involved medical doctors, 5 involved massage therapists and 1 involved a chiropractic doctor.¹⁰ It was also 12 years after the incidence of stroke was found to be 1 in 140 after ingestion of aspirin yet stroke is mentioned under *chiropractic* but not *aspirin*.¹¹ Taber's names chiropractic as one of three manual therapies under complementary medicine; the others are massage and Rolfing. In the same volume, it expands the definition of medicine to include *the act of **maintenance of health**, and the **prevention and treatment of disease and illnesses***.

Do chiropractors *treat disease* or *restore and maintain health*? Obviously there is a legal difference between these two and, less obviously, they are not mutually exclusive. Taber's definitions can be used to the detriment of the profession in two ways. First, most States retain the authority to limit the treatment of disease and illnesses to a specific group of licensed professionals and this authority is clearly delimited in law. Second, this definition makes the

maintenance of health a function of the practice of medicine and licensed chiropractors can be, and usually are, prohibited from the practice of medicine. This is an instance where the adoption of the phrase could be beneficial by preventing such a prohibition from affecting those licensed to practice *chiropractic medicine*.

Laws require the use of legal definitions in use at the time the law was enacted, i.e. you cannot redefine a fifty year old law by using a current definition, despite the many failed attempts to do just that. However, this basic legal premise can also be used to the advantage of proponents of *chiropractic medicine* since there was no accepted legal definition of that phrase, that is, until 1998. In that year the Florida Board of Chiropractic Medicine was established by the Florida legislature which caused a minor uproar in the profession with appeals to dedicated chiropractors everywhere to save the profession by voicing their support or opposition, depending on the author, to use this phrase. Our third definition of *chiropractic medicine* is the only one that has the law behind it; in fact, it *is* the law in Florida. The Florida Chiropractic Medicine Practice Act (Chapter 460, Florida Statutes) was enacted in 1999. That Act defines *chiropractic medicine* in Section 460.403(9)(a) as:

A noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education. No person other than a licensed chiropractic physician

may render chiropractic services, chiropractic adjustments, or chiropractic manipulations.

While this definition attempts to define the phrase “*chiropractic medicine*,” the scope of practice for a licensed chiropractic physician, which is also considered when evaluating the definition of *chiropractic medicine*, is found several places. If something is specifically excluded from the scope of practice it is also excluded from the definition. The main statute is the Chiropractic Medicine Practice Act (Chapter 460, Florida Statutes), supplemented and modified by Chapter 456, Florida Statutes covering the laws applicable to all health care professionals in Florida; Chapter 64B2, Sections 10 through 17, Florida Administrative Code; Section 627.736 of the Florida Insurance Code; Section 440.13 of Florida’s Workers Compensation laws; and Section 64-2.001, Florida Administrative Code concerning clinic registration requirements which must be consulted in conjunction with Section 456.0375, Florida Statutes, which also deals with the same topic.

In 2010 Dr. Claire Johnson published the editorial “Reflecting on 115 years: the chiropractic profession’s philosophical path,” in the *Journal of Chiropractic Humanities* in which elucidates some of the difficulties in resolving intraprofessional differences.¹² This article seeks to add to this discussion through two appropriate benchmarks: grammar and history. This should not be construed to say that these are the *only* criteria to use; these are the only criteria *discussed* herein.

GRAMMAR

The first question to answer is: “Is the designation *chiropractic medicine* a grammatically correct one, applicable to graduates of chiropractic institutions?” As the rules of grammar are well-established and universally agreed upon, it would seem the answer would be the easier of the two questions to answer; it is not.

The word *chiropractic* functions as a noun and an adjective: a chiropractor practices *chiropractic* (n) and is in the *chiropractic* (adj) profession. In comparison, the word *pediatric* functions only as an adjective: a pediatrician practices *pediatric* (adj) medicine or *pediatrics* (n) – not *pediatric* – and is in the *pediatrics* (adj) profession. The oddity of *chiropractic* being noun and adjective was criticized in 1936, if not before, in an unpublished manuscript by Willard Carver, LL.B., D.C. entitled “History of Chiropractic.” Increasing recognition is being afforded the phrase *chiropractic medicine* – the 1998 legislative changes in the State of Florida occasioned a storm of protest when its independent Board of Chiropractic Examiners became a subdivision of the Division of Medical Quality Assurance as the Board of *Chiropractic Medicine*. Another instance that has been already been mentioned as well: the *Journal of Chiropractic Medicine* began publication in 2002 by the American Academy of Chiropractic Physicians, Incorporated (AACP, *chiropractic physician* is a phrase illegal to use in many states including California), the National University of Health Sciences and the Council on Diagnosis and Internal Disorders of the American Chiropractic Association (CDID). As such it becomes the third publication of the CDID following the *Chiropractic Family Physician* and the *Chiropractic Internist*. The AACP whose secondary name is American Chiropractic Physicians Credentialing Center was formed in 1999 by “chiropractic medical schools and leaders within the chiropractic profession ...” It was organized as a Trade Association in 2002 and, since 2013, holds legal ownership of three trademarks related to its function as a chiropractic medicine educational and certification agency in use since 2003.^{13, 14, 15} The phrase has also seen limited use outside of the profession, such as that found in the Bureau of Labor Statistics of the United States Department of Labor. *Chiropractic medicine* was used by the Bureau as a search term that redirected one to the category “Chiropractors” in the 2008-09 edition of the Occupational Outlook Handbook.

Just what this phrase means has not been clearly delineated nor does an agreed-upon definition of *chiropractic medicine* exist. The phrase *chiropractic medicine* may appear, at first glance, to be one in which *chiropractic* is the adjective modifying the noun *medicine*. To be grammatically correct, one would have to first practice *medicine* and second, specialize in *chiropractic*. One who practices *pediatric medicine* is, first, practicing *medicine* and, second, specializing in *pediatrics*. Those who are only licensed to practice chiropractic (as opposed to those with more than one class of license) are not allowed, by law, to practice medicine. As pointed out by Dr. Winterstein *medicine* could be coupled with homeopathic, osteopathic or naturopathic, each of which limits or defines what type of *medicine* is being practiced. The grammatically correct phrase for the standard adjective – noun use of *medicine* and *chiropractic* is *medical chiropractic*, not *chiropractic medicine*.

An abnormal adjective-noun relationship does exist in two instances: the *appositive phrase* and the *idiomatic phrase*. *Chiropractic medicine* does not qualify as an *appositive phrase*. An appositive phrase occurs when a noun or a pronoun is interjected to identify, explain or describe another noun with greater precision, thereby renaming it. The appositive noun, *medicine*, is the second one in order of appearance in a sentence.¹⁶ There are two types of appositives – *non-restrictive* and *restrictive*. A non-restrictive appositive phrase must satisfy two criteria: (1) the appositive noun is not crucial to the understanding of the sentence and (2) the words in the phrase are separated by a comma. The first requirement is satisfied because “practicing chiropractic medicine” and “practicing chiropractic” convey the same idea because both refer to the same profession. The phrase fails the second requirement; it is written as *chiropractic medicine* and not *chiropractic, medicine*.

In *restrictive appositive phrases*, the appositive noun (*medicine*) must define, restrict or clarify the preceding noun (*chiropractic*). In this case, the opposite is true inasmuch that *chiropractic* defines the type of *medicine* practiced. This cannot be a restrictive appositive phrase because the appositive noun *medicine* confuses *chiropractic* rather than clarifying it; *medicine* does not restrict *chiropractic* by any means.¹⁷

Referring again to Dr. Winterstein's 2002 editorial introduction of the *Journal of Chiropractic Medicine*, he uses a rather disingenuous method to justify the use of that phrase. An argument could be made that, as an editorialist, Dr. Winterstein was not bound by any specific parameters in presenting that opinion. Unfortunately he makes certain statements and cites chosen references as if his editorial opinions were based in fact, which it is not. In his editorial, Dr. Winterstein states that the phrase "makes good grammatical sense." Failing to supply any evidence that supports his statement, it becomes an unfounded opinion that is unsupportable using accepted rules of grammar. As shown above, the phrase violates the accepted rules of grammar. Winterstein's use of *homeopathic*, *osteopathic* and *naturopathic medicine* to justify his position succeeds if one ignores the pertinent facts of each of these three are branches of medicine as detailed in the next section. Briefly, each of these branches of medicine was founded by a medical doctor and each adhered to the accepted medical theory of disease prevalent then (*humoral* and *germ*) and now (*biopsychosocial model of health and illness*); they only differ in method of treatment. Chiropractic differed in both of these areas before 1920 and continues to do so today.

In looking for an example in support of his opinion, *vitapathic medicine* would have served Dr. Winterstein better. This self-proclaimed "school" of medicine, popular in the 1880s, was not founded by a medical doctor and never adhered to the medical theory of disease; it was

not accepted as a member of the medical sectary or by state legislatures and courts. *Vita*, similar in concept to universal life force, was channeled by practitioner to patient through the scalp but, as hair was a known non-conductor of *vita*, both practitioner and patient had to part their hair along the midline of the skull. This system faded away after a brief, ignominious and unorthodox existence – but it may have played a significant part in the history of chiropractic (fuller discussion later). While not exactly a stellar example for Dr. Winterstein’s purposes, it does support his claim that *chiropractic medicine* holds some “grammatical sense.” Why he overlooked the one known example that supports his opinion while electing to use three examples that contradict his opinion is unexplainable at this time.

That leaves us with the only acceptable manner in which the phrase *chiropractic medicine* could possibly be grammatically correct. That is its acceptance as an *idiomatic phrase*. Idioms are less subservient to the laws of grammar and the approximately 25,000 idioms in our language convey an idea and are usually not literal: *kicking the bucket* has nothing to do with *kicking* or *buckets* but most English speakers know what the idiom means. It may have originated with death by hanging wherein the person to die stands on a bucket that is kicked out from under his or her feet but the words have little association with death today though the idiom certainly does. Acceptance is predicated upon widespread agreement that *chiropractic medicine* is first and foremost chiropractic and not medicine as defined in practice and law. If we accept that both *chiropractic* and *medicine* are used in a literal fashion in *chiropractic medicine*, it does not qualify as an idiomatic phrase. However, the rule of grammar that allows idiomatic phrases to not be subservient to those same rules would, in effect, allow *chiropractic medicine* to be a grammatically correct idiomatic phrase. This can be true if there is widespread agreement on the interpretation of the phrase. How an *idiomatic phrase* achieves widespread agreement and most

importantly with regulated professions in law, is not within the scope of this paper. It can be said that *chiropractic medicine* is not a phrase in widespread use at this time and, further, the two definitions that do exist (Winterstein and the Florida Board) are not harmonious.

The first of the two goals of this paper has been met and the answer to the first question is: the phrase *chiropractic medicine* does not follow established laws or rules of grammar and is not a grammatically correct title for graduates of medical or chiropractic institutions of higher learning.

HISTORICAL ANTECEDENTS: CHIROPRACTIC AS A MEDICAL SECT

The second goal of this paper is to answer the question: “Could chiropractic meet the criteria to be a recognized medical sect before 1920?” To do so we must travel back in time to appreciate the status of medicine in the 19th century.

The *medical sectary* is an invention unique to 19th century America, or rather, the United States. The medical professions were a hodgepodge of individuals and groups claiming to be a part of medicine, each possessing the answer to the ills that plagued society.

Many times that claim was only made by the promoter of a system as in the instance of John Bunyan Campbell and his *vitapathic medicine*. Campbell, who was not a medical doctor, taught his system to students while he worked on his clients in Cincinnati, Ohio during the 1870s and 1880s. He gave this apprentice-like course of instruction an impressive sounding name: the American Health College. This system never achieved recognition as a medical sect; however it did have a lasting impact. Thomas H. Storey of Duluth, Minnesota studied under Campbell and was practicing as a *vitapathic physician* by the mid-1890s; in 1901 he graduated from the Palmer School and Infirmary of Chiropractic and relocated to Los Angeles within a year, perhaps the

first to carry the chiropractic message to California. Authorized “To Practice and Teach” by D.D. Palmer’s diploma, he did exactly that. In 1909, he received a state charter for the Chiropractic College of California located in Los Angeles. Though the life of the institution was short, perhaps three years, and the number of graduates small (a perusal of the earliest logs of the California Board of Chiropractic Examiners beginning in 1924 revealed only one licentiate claiming this institution as their *alma mater* – Charles Cale) Storey’s effect on chiropractic would be great. Dr. Cale established the Los Angeles College of Chiropractic, the first such institution to be operated by someone who had studied education at the collegiate level.¹⁸ One man, Campbell, touting a highly suspect system of limited duration (3 years) arguably had a greater effect on chiropractic and medicine than any of the sects discussed herein. So insignificant, *vitapathic medicine* has not warranted a single mention in any published work on sectarian medicine in the last sixty years. It is apparent that the longevity, number of adherents or amount of recognition bears little to no relationship to the impact a branch of medicine, whether accepted as a sect or not, may have.

There was a plethora of schools to choose from and, out of this gallimaufry, four sects were afforded recognition and, in combination with the predominant group, constituted the whole of *medicine* at the end of the 19th century. The medical sectary was composed of homeopathy, eclecticism, physio-medicalism, and osteopathy.

Certain characteristics can be gleaned and commonalities determined from this group of five. The shared characteristics provide the criteria necessary to make a determination regarding the chiropractic profession.

Naturopathy is specifically not included in this discussion for two reasons: its birth and rise closely parallels that of chiropractic chronologically and its status as a medical sect has not

been resolved even today. Naturopathy was founded in 1896 and followed a similar course as chiropractic before 1920. Naturopathy was not a recognized medical sect and inclusion as such would not only offer little assistance in answering the question at hand, it would be a poor reflection on the quality of research strived for in this paper.

ALLOPATHIC MEDICINE

Allopathy is believed to have been coined by Samuel Hahnemann, M.D. (1755 – 1843) in the late 1700s to distinguish medical doctors that followed his treatment approach from those that did not.

Discord and division in medicine has always been the rule, not the exception. Divisions predate recorded history, beginning with Greek mythology where we find the centaur Chiron as the first practitioner of medicine. This horse-man lived on Mount Pelion in central Greece where he taught medicine to Asclepius, son of the physician god Apollo and the mortal Coronis. The student (Aesculapius in Roman) expanded his knowledge through listening to the whisperings of a snake he helped, manifested today by the European Aesculapian snake (*Zamenis longissimus*). A single snake wound around his staff forms the Asklepien or Rod of Asclepius, a symbol of medicine and osteopathy; the addition of a 'V' symbolizes veterinarian medicine. The Bowl of Hygieia, a chalice entwined by a single snake, is one of the symbols of pharmacy. Many military units and non-professional health related organizations mistakenly use the caduceus, representing commerce and negotiation, with two snakes and wings, as their symbol. Asclepius and his wife Epione, goddess of soothing pain, parented several children including Hygieia, goddess of health and sanitation; Iaso, goddess of recuperation; Aceso, goddess of the healing process; Panacea, goddess of medicines; the physicians Machaon and Podalirius; and Telosphorus, a demi-god of

convalescence. The genesis of division is evident in mythological medicine with Panacea and her medicines operating at the same time as Iaso's recuperative powers. Healing temples dedicated to Asclepius spread throughout the Hellenistic world and it is believed Hippocrates (c460 – c370 BCE) studied medicine at the Asclepion on the South Aegean island of Kos, two miles off the coast of Turkey . A fictionalized ancestry separates him from Asclepius by 14 generations and both fathers of medicine can be found immortalized in mosaic on the floor of the Asclepion on Kos. Expanding his knowledge with other teachers, Hippocrates of Kos came to believe that disease was not caused by a displeased god but by an imbalance of the vital humours of the body. Progressing from medicine's mythological divisions we continue to find discord in the Classical Greece period. Specific diagnosis with specialized treatment was taught at the Knidian School of Medicine at Knidos on the Datça Peninsula (now in Turkey) while a couple of miles away at the Koan School of Medicine on Kos, general diagnosis and passive treatment was emphasized. The oath attributed to the father of western medicine originally opened with "I swear by Apollo the Physician and by Asclepius and by Hygieia and Panacea and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and contract" and ended with a prayer that the physician be favored by the gods if the oath is kept and punished if it is broken.¹⁹ Even this is fraught with disunity as the bans on inducing abortion and refusing to administer any medicine to bring about death are maintained to this day by the members of the International Hippocratic Registry and only 56% of American medical students make a declaration on a modified form of the Oath while 26% commit to the Declaration of Geneva and 3% use the Oath of Maimonidas, a Sephardic Jew born in Córdoba in Islamic Spain.

All 19th century medical treatment was based on Hippocrates' *humoral theory of disease*. The human body contained four "humours" or basic substances – black bile, yellow bile, phlegm, and blood – which had to be in balance to maintain health, termed *eucrasia* meaning "normal" (*eu*) "mixture" (*crasia*). Minor disturbances were termed *dystempers*. Major excesses or deficiencies of one or more of the four humours were *dyscrasias*. A *dyscrasia* was behind all diseases and disabilities. Excess of each humour was the cause of a person being, respectively, melancholic, choleric, phlegmatic or sanguine. Each humour also had diagnoses related to deficiencies but these are less frequently encountered and less well delineated. The guiding principle in treatment was *vis medicatrix naturae*, the belief in the ability of nature to heal the body. It is important to understand that this ability to heal was seen as coming through or from "nature," an entity external to the body, not as one from within the body. The recuperative powers of the body were considered to be effective in limiting *dystempers* but not *dyscrasias*. Timing also had a significant role with a simplified *schema of days* being related to the lunar phases such that the *critical day* was the day the illness became manifest, *judicial day* was the third day and the *intercedental day* was the fifth day. This *schema* recycles with a second *critical day* one week after the first and so on. A proper prognosis depended on the lunar phase on the first *critical day*. Many modifications to this theory came and went as the centuries passed but some elements remain, as in "humoral immunity" and "blood dyscrasia" and the outdated "lunatic."

It is often stated the theory of disease dominating the 19th century was the *fever theory*. This is a misnomer as the phrase represents not a change to the theory of disease but a change in therapies used to treat disease which was still seen to be a *dyscrasia*. The treatment modification incorporated *vitalistic* concepts that had gained credence in the 17th and 18th centuries. These

concepts include (1) the body had a fixed amount of *vital energy*, (2) illness and disease occurred when this energy accumulated in or was depleted from a particular area, and (3) treatment was to control a patient's *vital energy*, which some called *nervous energy*. Accumulated *vital energy* caused “spasms” in any part of the body which was dissipated by bleeding, fasting, and purging. Depleted *vital energy* was disabling and required stimulants such as large amounts of alcohol, a highly spiced diet, and/or medications. Concepts involving *vital energy* were the basis for the three segments of the *vitalistic* system: *animism*, *organicism* and *vitalism*. Each segment had different opinions regarding the source of the changes in a person’s *vital energy*, but, whatever the source, the cause was always an external one.

Fever was a distinct disease entity resulting from excessive irritation or excitement and was the most prevalent “disease” during the 19th century. The most prevalent therapy, accordingly, was treatment for *fever* by drugs and other modalities.

The *humoral theory* gave way to the *germ theory of disease* after Rudolf Virchow (1821 – 1902) published his theories of cellular pathology in 1858. The germ theory was first introduced in the mid-16th century but was pushed aside for the next three centuries. Virchow was a critic of bacteriology in general and specifically opposed the *germ theory*, yet his theories ended up conclusively disproving *humoral theory*. Virchow was not alone in his opposition to the tenets of the *germ theory*; he has been joined by many noted researchers, physicians and professors, including Friedrich Jacob Henle (1809 – 1885), physician and anatomist; Pierre Antoine Béchamp (1816 – 1908), biologist; Adolf Bastian, M.D. (1826 – 1905); Auguste Lumière (1862 – 1954), cancer and tuberculosis researcher; Edwin O. Jordan (1866 – 1936), professor of bacteriology, University of Chicago; William Boyd, M.D. (1885 – 1979), professor of pathology, University of Toronto; A.D. Speransky, M.D. (1887 – 1961), professor and

author; Dr. René Dubos (1901 -1980) of the Rockefeller Institute for Medical Research; Jean Tissot, author and professor of general physiology, National Museum of Natural History, Paris; and Andrew Weil, M.D. (1942 -), a well-known physician and author of today.

The *germ theory* continued to meet with four decades of continued resistance from the medical profession after Virchow's discoveries disproved their *humoral theory*. Three and one half centuries would ultimately pass before this scientific theory gained traction within organized medicine for two unrelated reasons: (1) they had no explanation how a germ could be present without the patient suffering its associated disease and (2) drugs to eradicate specific pathogens did not exist which rendered the medical doctor useless. This second reason was most problematic for it revealed that previous medical treatment had been for symptomatic relief at best, a charge they routinely leveled at their competitors. While attempting to claim the high ground of treating the cause of disease the facts are obvious: the majority of prescription medication provides symptomatic relief as it did in the 19th century.

The difference in the recommended treatment regimen was the major defining factor that characterized a sect; the emphasis on such factors as diet and exercise varied but were of lesser importance. As such, the subject warrants only a brief mention. In the misnamed *fever theory* the liver was credited as being the cause of all chronic disease resulting in wrong diagnoses and inappropriate treatments. Treatment was incorrectly believed to balance the biliary secretions and thus eliminate toxic liver secretions.

The standard tripartite regimen included an antipyretic (blood-letting) to calm the patient, cathartics (calomel/mercurous chloride) and/or emetics (*jalap*, tartrate of antimony or potassium nitrate) to eliminate accumulated toxins, and rehabilitative tonics (Fowler's solution, chicon bark or crude opium).²⁰ Another popular method of treatment was cantharides, a medicinal

preparation made from Spanish fly, with or without the use of setons. Applied topically cantharides would blister the skin. Setons were threads or wires piercing through the subcutaneous tissues and left in place for extended periods of time. This facilitated the removal of diseased matter from the patient which was clearly demonstrated by the oozing pus. This antedated widespread acceptance of the *germ theory* without which infections could not exist.

151 of the approximately 400 medical schools that had opened over the course of the 19th century were in operation in the United States in 1900. Flexner's 1910 report, and the money that followed it, had its affect on allopathic as well as sectarian schools; by 1930 medical schools numbered just 66.

The classification of medical doctors as *regular* and *irregular* should not be mistaken as being reflective of methods of treatment. That classification distinguished between those allopathic medical doctors who attended college to obtain a degree, the *regulars*, and the *irregulars* who obtained their degree after being apprenticed to a physician in practice for an indefinite period of time.

There were a significant number of physicians engaged in the actual practice of medicine that were more favorably inclined to the prescription of botanical medicines as opposed to the more toxic metal-based compounds. The two most influential physicians were Wooster Beach, M.D. (1794 -1868) and Alva Curtis, M.D. (1797 – 1881). (*Figures 1 and 2*)



Figure 1: Wooster Beach, M.D. (1794 – 1868)
Founder of Eclectic Medicine sect

PHYSIO-MEDICALISM

Accounting for less than three percent of medical doctors, the smallest sect enjoyed a vibrant life under the watchful eye of its founder, Alva Curtis, M.D. It had a great impact due to the extensive discoveries and additions to the *Materia Medica* its adherents made.

Curtis was born in Cockburn, New Hampshire and, while the specifics of his medical education are not known, he had his medical degree by the mid-1830s. He was greatly influenced by Sylvester Graham (1795 – 1851) considered to be the founder of vegetarianism, and Samuel Thomson (1769 - 1843) whose Botanical Medical Societies promoted the Thomsonian system of treatment based on his numbered herb formulas.²¹ (Figures 3 and 4)

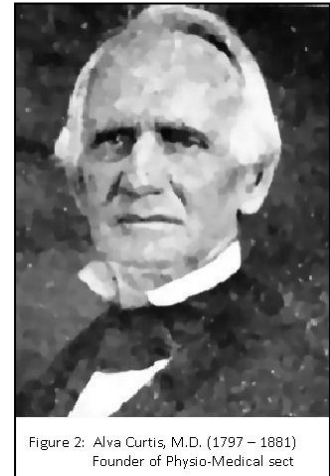


Figure 2: Alva Curtis, M.D. (1797 – 1881)
Founder of Physio-Medical sect



Figure 3: Sylvester Graham (1795 – 1851)
"Father" of vegetarianism

Physio-medicalism combined the vitalistic approach of maintaining proper balance of *vital energy* with the purgative component of the allopaths. Normal function was the sum total expression of *vital force*, later referred to as *nervous energy*, which maintained the functional integrity of the entire organism through cellular metabolism. Disruption of the *vital force* was classified as *sthenic*, a state of excessive contraction or sympathetic-dominance, or *asthenic*, a state of excessive relaxation or parasympathetic-dominance. These terms were taken directly from *Brunonianism*, a popular system of the previous century.²² Treatment with botanicals was two-fold: supportive, being either stimulatory or sedative in nature; and purgative to remove toxins.

Curtis established the Botanico-Medical School and Infirmary in Columbus, Ohio in 1839 where he lectured for over 4 decades.²³

Physio-medicalism had but 1 college remaining in 1910 but it may have survived another 6 decades (*Table 1*); it was alleged to have been exported to England where it was taught at the School of Herbal Therapy until the 1970s.²⁴

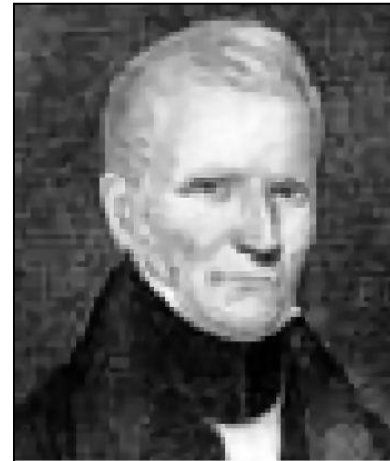


Figure 4: Samuel Thomson (1769 – 1843)
Founder of Thomsonian sect

Table 1: Physio-Medical Institutions open for more than one year, with years of operation. (Alphabetical, by state)

Name	Location	Year
Alabama Medical Institute	Wetumpka, Alabama	1844 – 1845
Southern Botanico-Medical College	Forsythe, Georgia	1839 – 1881
Chicago Physio-Medical Institute	Chicago, Illinois	1885 – 1911
Physio-Medical College of Indiana	Indianapolis, Indiana	1873 – 1909
Curtis Physio-Medical Institute	Marion, Indiana	1889 – 1904
Worcester Medical School	Worcester, Massachusetts	1846 – 1859
Metropolitan Medical College	New York, New York	1850 – 1862
Physio-Medical College	Cincinnati, Ohio	1839 – 1880
Botanico-Medical College of Ohio	Cincinnati, Ohio	1841 – 1850
Physio-Medical Institute of Cincinnati	Cincinnati, Ohio	1858 – 1885
Physio-Medical College of Memphis	Memphis, Tennessee	1846 – 1859
Physio-Medical College of Texas	Dallas, Texas	1901 – 1908

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

ECLECTIC MEDICINE

Eclectic Medicine owes its existence as much to the Revolutionary War as to its founder Wooster Beach, M.D. (1794 – 1868). Beach, often found as Beech, was from Trumbull, Connecticut.²⁵ Beach became apprenticed to one Jacob Tidd (1742 – 1818) around 1816. Tidd, a doctor of note in the Hopewell Valley area of New Jersey, relied on the education he received at the hands of Dr. George Andrew Viesselius (c1690 – 1767) of Three Bridges, and a working knowledge of the remedies used by Dr. Roger Parke (1648 – 1755). Viesselius and Parke were well-known doctors practicing in the same area of colonial New Jersey. Botanical preparations in

common use in colonial North America were expensive European imports, the source of which was interrupted by the War for Independence. Drs. Visselius and Parke provided the desperately needed domestic alternatives. Parke had arrived in the area in 1697 and it is possible that Tidd, though “bound” to Visselius, acquired his recipes first-hand as it is said that he inherited them upon the former’s death. Viesselius spent a great amount of time learning the healing practices of the local tribe of the Lenni-Lenape. Viesselius’ widow Jesina at first continued the practice of her late husband with Tidd’s assistance. Then Tidd purchased the whole of Viesselius’ practice, including his recipes and, after a hiatus spent in the New Jersey Militia, set up his practice on what is now Mountain Church Road around 1795. He used various salves and poultices to treating ulcers and other diseases responsive to external applications. Two of Tidd’s children followed in their father’s footsteps with his daughter, Dr. Polly Bennett, being one of the first females to be accepted as a doctor in the colonies and his son, Dr. John Tidd, associating with another of Hopewell Valley’s early doctors, George W. Case, before establishing his own practice in the office of his father on the backside of Hopewell mountain.

What Beach did after Jacob Tidd died in 1818 is unknown; he may have continued his studies for a time with Tidd’s offspring. Beach arrived in New York City in the mid-1820s where he attended a medical college that has eluded satisfactory identification until the present.^{26, 27, 28} In 1827 he opened what would become the Reformed Medical College of the City of New York. In 1829 he founded the first national physicians association: The Reformed Medical Society of the United States.

Beach incorporated the Thomsonian approach and was greatly influenced by the work of Constantine Samuel Rafinesque (1783-1840) who published Medical Flora: A Manual of the Medical Botany of the United States of North America in 1828.²⁹ Beach appropriated

Rafinesque's use of the word *eclectic* to describe physicians that would employ any remedy found to be beneficial and the moniker *Eclectic Medicine* soon replaced *Reformed Medicine*. Both men had reached back to antiquity, in name and in practice. In the 1st century C.E. Agathinus of Sparta founded the *Episynthetic* School of Medicine. His student Archigenes of Apamæa (Syria) founded the *Eclectic* School of Medicine in the same or following century and Aretæus of Cappadocia (Turkey) may have been an associate of the Eclectic school. The use of the best of all available treatment was a core tenet of eclectic medicine whether in the 1st or the 19th centuries. Dunglinson's Medical Lexicon of 1860 defined *Eclectic Medicine* as *A sect of physicians, who professed to choose, from other sects, all the opinions which appeared to them best founded. ... Every judicious physician must be an eclectic.*

Between 1845 and 1892 32 eclectic medical schools were founded (*Table 2*) and by 1894 there were 11 monthly eclectic journals and newspapers and 6 eclectic hospitals.³⁰

Table 2: Eclectic Medical Institutions open for more than one year, with years of operation. (Alphabetical, by state)

Name	Location	Year
California Eclectic Medical College	Los Angeles, California	1879 – 1916
Georgia College of Eclectic Medicine and Surgery	Atlanta, Georgia	1839 – 1905
Georgia Eclectic Medical College	Macon, Georgia	1870 – 1916
Bennett Eclectic Medical College	Chicago, Illinois	1868 – 1917
Indiana Eclectic Medical College	Indianapolis, Indiana	1880 – 1894
Beach Medical College	Indianapolis, Indiana	1883 – 1886
Eclectic Medical College of Indiana	Indianapolis, Indiana	1900 – 1908
Kansas City College of Medicine and Surgery	Kansas City, Missouri	1890 – 1922
American Medical College	St. Louis, Missouri	1873 – 1911
St. Louis Eclectic Medical College	St. Louis, Missouri	1874 – 1883
Lincoln Medical College	Lincoln, Nebraska	1889 – 1909
Reformed Medical [Academy] College	New York, New York	1829 – 1838
Metropolitan (Eclectic) Medical College	New York, New York	1852 – 1862
Eclectic Medical College of the City of New York	New York, New York	1861 – 1913
United States Medical College	New York, New York	1878 – 1882
Central (Eclectic) Medical College of New York	Syracuse, New York	1848 – 1855
Syracuse (Eclectic) Medical College	Syracuse, New York	1850 – 1857
Rochester Eclectic Medical College	Rochester, New York	1848 – 1852
Eclectic Medical Institute (College after 1910)	Cincinnati, Ohio	1836 – 1939
American Medical College (Eclectic)	Cincinnati, Ohio	1839 – 1857
Eclectic College of Cincinnati	Cincinnati, Ohio	1853 – 1875
Eclectic Medical College of Pennsylvania	Philadelphia, Pennsylvania	1850 – 1880
Eclectic Medical College of Philadelphia	Philadelphia, Pennsylvania	1847 – 1858
Penn Medical University	Philadelphia, Pennsylvania	1857 – 1865
Eclectic Medical Institute of Memphis	Memphis, Tennessee	1859 – 1861

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

HOMEOPATHY

Turning to the most successful medical sect brings us face-to-face with Samuel Christian Friedrich Hahnemann, M.D. (1755 – 1843). (Figure 5) Born in Meissan, Germany, Hahnemann studied medicine at the University of Leipzig and was a practicing physician by 1779.³¹ Disillusioned with regular medicine, Hahnemann began to experiment with the three-hundred-year-old *similia similibus* of Theophrastus von Hohenheim, better-known as Paracelsus (1493-1541). (Figure 6)



Paracelsus observed that a substance that caused a particular symptom in a healthy individual would counteract that symptom in an ill one. Hahnemann found that a stronger response occurred as concentrations were reduced. These low dose remedies became the treatment based on a modified version of Paracelsus' law: *similia similibus curantur* – “like is cured by like.” He



designated regular physicians as *allopathic* and imputed to them his law describing their treatment practice – *contraria contrariis curantur* – “opposites are cured by their opposites.”³² He emphasized self-care, moderation, fresh air, pure food and water as staples for healing.³³ His technique of dilutions and succussions to create a potentized remedy released “medical powers” that were stored deep within. Disease was caused by derangements of the “spiritual vital force which animates the

human body” and were cured by the *potentized* remedies.³⁴ Again, disease was seen as being caused by something outside of, and acting on, the body. Believing homeopathy to be a specialty

branch of allopathic medicine and in full accord with the *humoral theory* from the start, homeopaths discarded Hahnemann's unproven theories by the 1890s.

Homeopathy arrived in the United States in 1825 with Hans Grimm, a German physician.³⁵ The following decade saw the arrival of Hahnemann's students Constantine Hering (1800 – 1880), Joseph Hippolyt Pulte (1811 – 1884) and several others who set about establishing homeopathic medicine on firm footing with the opening of the first homeopathic college in the world in Pennsylvania. The Allentown Homeopathic Academy opened in 1835 before relocation of the center of homeopathy to Philadelphia a few years later. (Figure 7)



Fig. 7: Allentown Homeopathic Academy
Allentown, PA (est. 1835)

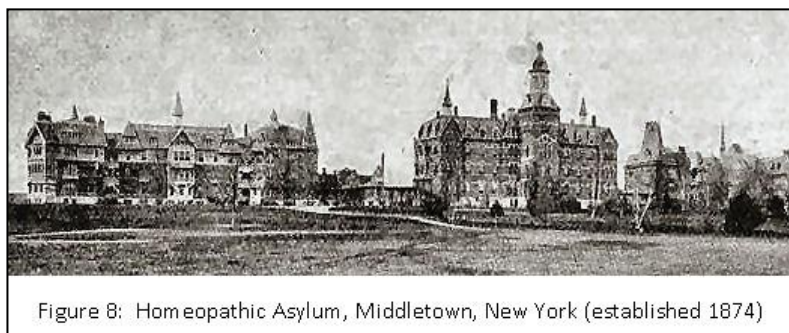


Figure 8: Homeopathic Asylum, Middletown, New York (established 1874)

This most successful sect had, by 1898, 9 national societies, 66 general and 72 specialized homeopathic hospitals (including William McKinley Memorial Hospital in Trenton, New Jersey where the author was born), 20 medical colleges (*see Table 3*) and 31 medical journals. Three of the four largest medical school libraries in 1900 were homeopathic and, in 1907, only two medical colleges in the



Figure 9: Homeopathic Asylum, Watertown, Illinois (established 1898)

United States owned their own hospitals: the Homeopathic Medical College of New York and the New York (Homeopathic) Medical College for Women. Homeopathic Asylums at Middletown, New York and Watertown, Illinois were quite impressive by any standards.

(Figures 8 and 9)

Table 3: Homeopathic Medical Institutions open for more than one year, with years of operation. (Alphabetical, by state)

Name	Location	Year
Homeopathic Medical College, University of California	Berkeley, California	1883 – 1939
Denver Homeopathic Medical College	Denver, Colorado	1894 – 1909
Hahnemann Medical College of Chicago	Chicago, Illinois	1855 – 1922
Chicago Homeopathic Medical College	Chicago, Illinois	1876 – 1905
Dunham Medical College	Chicago, Illinois	1895 – 1902
College of Homoeopathic Medicine, University of Iowa	Iowa City, Iowa	1877 – 1920
College of Homeopathic Medicine and Surgery	Kansas City, Kansas	1896 – 1933
Southwestern Homoeopathic Medical College	Louisville, Kentucky	1892 – 1904
Hering Medical College	Louisville, Kentucky	1892 – 1915
Southern Homeopathic Medical College	Baltimore, Maryland	1890 – 1904
Boston University School of (Homeopathic) Medicine	Boston, Massachusetts	1848 – 1920
Homeopathic Medical College, University of Michigan	Ann Arbor, Michigan	1873 – 1922
Detroit Homeopathic College	Detroit, Michigan	1872 – 1918
Kansas City Hahnemann Medical College	Kansas City, Missouri	1882 – 1918
Kansas City Homeopathic Medical College	Kansas City, Missouri	1888 – 1892
Homeopathic Medical College of Missouri	St. Louis, Missouri	1857 – 1882
St. Louis College of Homeopathic Physicians and Surgeons	St. Louis, Missouri	1869 – 1882
Homoeopathic Department, University of Nebraska	Omaha, Nebraska	1883 – 1897
New York Homeopathic Medical College	New York, New York	1859 – 1929
New York Medical College for Women	New York, New York	1863 – 1918
Pulte Homeopathic College	Cincinnati, Ohio	1872 – 1911
Cleveland Homeopathic College	Cleveland, Ohio	1849 – 1922
Allentown Homeopathic Academy	Allentown, Pennsylvania	1835 – 1841
Homeopathic Medical College of Pennsylvania	Philadelphia, Pennsylvania	1848 – 1869
Hahnemann Medical College of Philadelphia	Philadelphia, Pennsylvania	1867 – 1955

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

Hahnemann Medical College in Philadelphia conferred the H.M.D. into the late 1940s and offered the last elective course in homeopathy in 1959.³⁶ The college joined with the Medical College of Pennsylvania in 1993 and is currently owned by Tenet Health Systems, Incorporated.

(Figure 10)

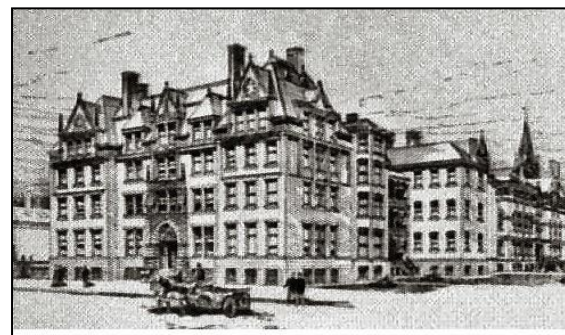


Figure 10: Hahnemann Medical College, Philadelphia, PA (est. 1867)

OSTEOPATHY

Andrew Taylor Still, M.D., D.O. (1828 – 1917) was a typical frontier physician, having been trained through apprenticeship, supplemented with some medical lectures attended at a later date. (*Figure 11*) He was an itinerant doctor in Kansas and Missouri during the 1870s and 1880s; he appears on the medical registration list for Macon County, Missouri in 1874.^{37, 38} Still settled in Kirksville, Missouri, opening an infirmary by 1889.



Fig. 11: Andrew T. Still, M.D., D.O. (1828 – 1917)
Founder of Osteopathic sect

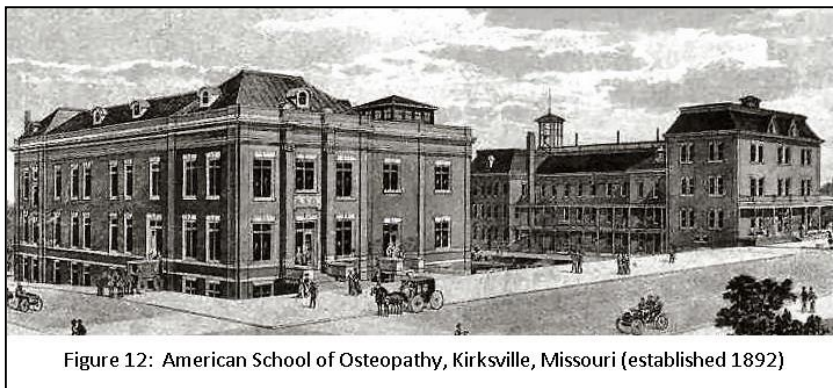


Figure 12: American School of Osteopathy, Kirksville, Missouri (established 1892)

The American School of Osteopathy (A.S.O.) was chartered as a scientific institution on 10 May 1892 and obtained a second charter as an educational

institution two years later. (*Figure 12*) Both charters granted the right to confer the doctor of medicine (M.D.) and the school awarded a “Diplomate of Osteopathy” (D.O.). The governing board allegedly made the decision to issue diplomas stating the recipient received a “Doctor of Osteopathy” (also designated D.O.). Elaborating on, and further clouding, the subject in 1895, Still ignored the M.D. degree completely and stated that a *doctor* of osteopathy had to have graduated with a *diplomate* of osteopathy from the A.S.O. Still revoked the degrees issued to several graduates under the first charter stating the education was inadequate. It is not clear if

this was with or against the board's wishes or if he had the right to take such an action. A logical explanation for these unusual actions may be that Still envisioned his school being operated as a post-graduate institution. Several homeopathic schools required an M.D. or equivalent for entrance and awarded an H.M.D. upon completion of the post-graduate course, a forerunner of today's medical specialties. Still may have wanted to model the A.S.O. in a similar manner with the M.D. student receiving the D.O. upon graduation. (*See Table 4*)

Carl P. McConnell, M.D., D.O. wrote in the *Journal of Osteopathy* (1904) "*Osteopathy is the school of medicine* that without exception treats the individual's condition as it actually exists." (*emphasis authors*) Osteopathic medicine is the only medical sect to survive to the present day and, like the others discussed, always was considered a branch of *medicine* and was referred to it as such by Still and subsequent leaders of that profession.

D.D. Palmer: "The Medical Cormorant desires to swallow Osteopathy, and hide it in its capacious pouch in order to get rid of a successful rival."³⁹ Osteopathy was almost eliminated in the early 1960s, surviving and thriving solely due to a colossal blunder by organized medicine in California that is beyond the scope of this paper.

It deserves to be stated that the osteopathic profession of the late 19th century is a wholly different creature than that of the late 20th and early 21st centuries. At their inception, most osteopathic colleges awarded a medical *degree* with an osteopathic *diploma*, hence they were part of the medical sectary. That profession's more recent adoption of the word *medicine* reflects their adoption of allopathic principles. Unfortunately this has been coupled with the abandonment of osteopathic principles and practice, at least within the United States and Canada, where osteopathic manipulation akin to that taught a century ago is a rarity. Just as the medical sectary is unique to the United States, the amalgamation of allopathy and osteopathy is unique to

North America. The osteopathic profession in Great Britain remained true to the earliest principles and practice and casts a quizzical eye on their pseudo-colleagues across the Atlantic.

Table 4: Osteopathic Institutions established 1892 – 1905. (Alphabetical, by state)

Name	Location	Year
Pacific School of Osteopathy	Anaheim & Los Angeles	1896 – 1961
California College of Osteopathy	San Francisco, California	1898 – 1912
Los Angeles College of Osteopathy	Los Angeles, California	1904 – 1961
Western Institute of Osteopathy	Denver, Colorado	1897 – 1904
American College of Osteopathic Medicine and Surgery	Chicago, Illinois	1900 – 1913
Chicago School of Osteopathy	Chicago, Illinois	1902 – OPEN
Dr. S.S. Still College of Osteopathy	Des Moines, Iowa	1898 – 1905
Still College of Osteopathy	Des Moines, Iowa	1905 – OPEN
National School of Osteopathy	Baxter Springs, Kansas	1895 – 1900
Southern School/College of Osteopathy	Franklin, Kentucky	1898 – 1908
Boston Institute of Osteopathy	Boston, Massachusetts	1897 – 1944
Northern Institute/College of Osteopathy	Minneapolis, Minnesota	1896 – 1902
American School of Osteopathy	Kirksville, Missouri	1892 – OPEN
Northwestern College of Osteopathy	Fargo, North Dakota	1897 – 1902
Philadelphia College and Infirmary of Osteopathy	Philadelphia, PA	1898 – OPEN
Atlantic School of Osteopathy	Wilkes-Barre, PA	1899 – 1905
Milwaukee Institute/College of Osteopathy	Milwaukee, Wisconsin	1898 – 1901

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

SECTARIAN MEDICINE SYNOPSIS

The *humoral theory* dominated most of the 19th century with the *germ theory* gaining ground as the century ended. These theories governed allopathic medicine and each of the medical sects operated with the same premise. Common to these theories was the belief that the human body was at the effect of outside forces, anything from astrological to pathogenic, which caused disease. There was little a person could do to treat disease as its origins were external. The transference of responsibility for one's health from the individual to their physician created a life-long dependency on the doctor. This guaranteed the doctor's income and fostered further lack of responsibility by the patient (unless something went wrong, then suddenly the patient was at fault, an attitude that is prevalent to this day).

Each of the medical sects was founded by medical doctors: Homeopathy in the United States was founded by Joseph Hippolyt Pulte, M.D. and Constantine Hering, M.D., Wooster Beach, M.D. founded Eclectic Medicine, Physio-Medicalism was founded by Alva Curtis, M.D. and Andrew T. Still, M.D. founded Osteopathy.

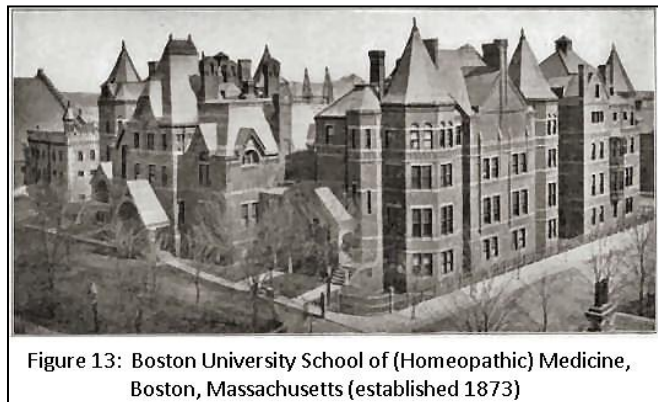
Naming the national physicians associations, the first being the Reformed Medical Society of the United States in 1829, reveals *medicine* being used by all sects and the predominant segment. Later associations included the American Institute of Homeopathy (A.I.H., 1844), the National/American Medical Association (1847), the American Eclectic Medical Association (1848), the National Eclectic Medical Association (N.E.M.A., 1870), the American Association of PhysioMedical Physicians and Surgeons (A.A.P.M.P.S., 1883) and the American Association for the Advancement of Osteopathy/American Osteopathic Association (1897).^{40, 41} Two national medical directories from 1915 and 1919 list the presidents of the above organizations in existence at that time: John A. Witherspoon, M.D. (A.M.A.), DeWitt G. Wilcox, M.D. (A.I.H.), W. S. Glenn, M.D. (N.E.M.A.), and Thomas B. Hammer, M.D. (A.A.P.M.P.S.). Neither directory contains listings for osteopathic or chiropractic national associations.^{42, 43}

At the midpoint of the 19th century, one in ten of practicing medical doctors were from the non-allopathic medical sectary; that number doubled by the close of the century. In 1900, the estimated number of practicing physicians in the United States was almost 130,000: allopaths accounted for 110,000; 10,000 were homeopaths; 5,000 were eclectics, and somewhat less than 3,000 were physiomedics.⁴⁴ This was mirrored by the percentage of the total number of medical schools for each group which were, in 1900: 78% allopathic, 14% homeopathic, 6% eclectic and 2% physiomedic.⁴⁵ This proportion of schools had remained relatively constant since 1880 while there was an increase in the total number of schools from 94 in 1880 to 156 in 1900. Osteopathy,

still a newcomer in 1900, had 14 schools in that year. Reflecting these percentages, in the years from 1907 to 1913, the California Board of Medical Examiners, charged with issuing three classes of licenses, approved a total of 2,491 licenses: 2,231 to practice medicine and surgery, 258 to practice osteopathy, and none to practice “all other modes or methods.”⁴⁶ That eleven-member composite board was made up of two homeopaths, two osteopaths, two eclectics and five allopaths.

The allopathic schools were not alone in awarding the doctor of medicine (M.D.) degree. The charter of the first osteopathic college specifically allowed the school to confer a doctor of medicine. The homeopathic profession was singular in being allowed to award two different doctoral degrees: the doctor of homeopathic medicine (H.M.D.) and the medical degree. While the Physio-Medical and Eclectic Medical schools are assumed to have been able to confer the medical degree as well, this exact wording has not been found by this author. Sectarian school graduates qualified for state-issued licenses to practice medicine which strongly indicates the medical degree was conferred.

Expansion of medical education often originated with the medical sectary. Some landmarks were the first co-educational college [1857, Penn (Eclectic) Medical University]; first progressive, six-semester course (1861, also Penn Medical University); first female physician to graduate in the United States [1867, Elizabeth Stowe, New York (Homeopathic) Medical College for Women]; and the first 4-year, graded curriculum [1873, Boston University School of (Homeopathic) Medicine].⁴⁷ (*Figure 13*).



Becoming licensed to practice medicine without a medical education was not a simple matter of deciding to call oneself a homeopath or eclectic doctor as has been alluded to by some.⁴⁸ D.D. Palmer: “Medical laws are made to favor those whom nature has not endowed with enough ability to protect themselves from their more successful rivals.”⁴⁹

Initially, the “licensing board” was a function delegated to the trade associations in the state. Governmental recognition came with state laws that created a licensing authority; the appointments were usually done at the behest of the trade association. This created multiple licensing boards in each state with disparities from state to state. Eventually, most states consolidated the several boards into one licensing board composed of state-appointed board members, but the disparity between states continued.

In 1900, 3 states had an allopathic board responsible for licensing all medical doctors, 7 states had two or more separate licensing boards, 30 states had composite boards and 5 of the 30 had two or more sectarian examining boards, and the type of board in the remaining 5 states is unknown (there were only 45 states in 1900).

Likewise, many contributions to *medicine* in general came from the sects. The development of plant extraction techniques and the associated botanical monographs are specific contributions of the two botanical medicine sects. The monographs listed the chemical formula of the active and inactive components, the physiological and therapeutic actions of the plant, the toxicology of the plant, and what preparations were available with the proper doses. The *Materia Medica* was expanded greatly by the contributions of these two sects as well.

The physiomedics were the first to promulgate the idea that symptoms could represent positive or negative findings and the first to call for diagnostic procedures to distinguish between functional and pathological conditions.

Summarizing the shared elements of the medical sectary we find:

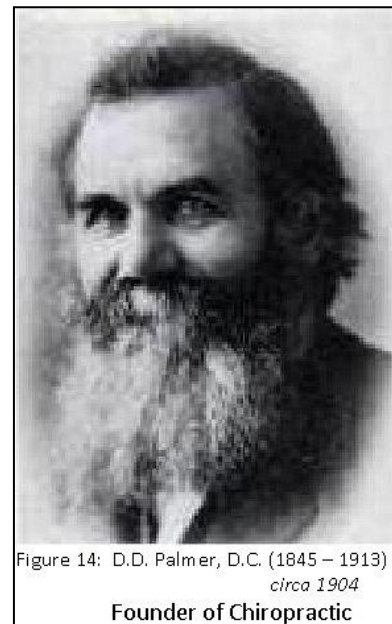
1. Establishment of multiple sectarian medical educational institutes lasting a significant period of time, greater than twenty-five years;
2. Establishment of at least one national association of practitioners that lasted five or more years and conducted conventions with regularity;
3. Legal recognition through a state-sanctioned licensing board charged with issuing licenses or certificates to practice medicine to practitioners and graduates of the accredited educational institutions.
4. The theory of disease accepted by all sects was in accord with the one accepted by the allopathic segment.

Support for using these criteria was found in several sources: 40 of 45 state licensing boards issued licenses to practice medicine to sectarian practitioners in 1900; two national physicians directories, published by different companies, in 1915 and 1919 listed all the sects covered in this paper except osteopathy, and these four sects replicate those identified by Abraham Flexner (1866 – 1959), author of the infamous 1910 report *Medical Education in the United States and Canada* funded by the Carnegie Foundation for the Advancement of Teaching.⁵⁰ The damage caused by this report on sectarian medicine is well-known; not so well-known is Flexner's later confession of fabricating the majority of the data reported. The report is propaganda; there were no set standards and the data that Flexner did not fabricate was not objective and of extremely poor quality. Flexner, an unemployed schoolmaster, described himself as being without any knowledge about medical education and only secured this position through nepotism. His brother, Simon Flexner, M.D. (1863 – 1946), was the first director of the Rockefeller Institute for Medical Research.⁵¹ Flexner's report, touted as being objective by the

Carnegie Foundation and the Rockefeller Institute, continued the biased 1904 work funded by the Committee on Medical Education of the American Medical Association (A.M.A.). To remove the objection of bias, the A.M.A. hired the Carnegie Foundation to reedit and reprint the 1904 report, supplemented with the fabrications of Flexner along with the small amount of actual investigation he admitted to doing, under the imprint of the Carnegie Foundation.

CHIROPRACTIC

Chiropractic was founded in 1895 by Daniel David Palmer (1845 - 1913), a magnetic healer living in Davenport. *(Figure 14)* Palmer studied the magnetic healing techniques of Paul Caster, M.D. (1827 – 1881) *(Figures 15 and 16)* Sources conflict regarding whether this course of study was conducted in person at Caster's establishment in Ottumwa, Iowa or by some other manner.^{52, 53} Palmer opened his magnetic cure office in Burlington, Iowa in 1886. To assume Palmer was



personally mentored by Caster, who died in April 1881, begs the question why Palmer would wait over five years before commencing practice as a magnetic healer. Jacob Caster (1860 – 1914) was the only son to follow in his father's footsteps. He commenced practicing in Burlington, Iowa three years after Palmer, leaving one with the impression that it is highly unlikely he was Palmer's mentor.⁵⁴ It has been suggested to the author that the published accounts concerning Palmer's

education and commencement of magnetic healing have been purposely portrayed inaccurately to preserve the established history of Palmer's first forays into healing.⁵⁵

Palmer's "travelling library" is a testament to his self-education in all branches of medicine.⁵⁶ An evaluation of the antecedents used by Palmer to develop the principles, philosophy and theories of chiropractic is beyond the scope of this paper. J. Stuart Moore's Chiropractic In America has a good section revealing that writer's convictions about Palmer's influences but there are many assumptions made without foundation and more than a few factual errors; Simon A. Senzon, D.C.'s The Secret History of Chiropractic offers several interesting facts on the magnetic healing of Palmer that Moore ignored or underemphasized and Senzon's conclusions are, not surprisingly, different from Moore's; Vern Gielow's book Old Dad Chiro and Chantal Joliet's article "Chiropractic and Vitalism: A Strange Conceptual Encounter" published in *Chiropractic History* are good supplemental sources for those wishing a more detailed exploration.^{57, 58, 59, 60}



The theories of *Mesmerism* or *animal magnetism* (*animal* stems from *anima* meaning "the soul") were adopted by Palmer during the years he practiced his magnetic cure. Moore states Palmer obtained his magnetic technique from a book, which he misnames, authored by Edwin Babbitt (1828 – 1905) in 1874. The correct title is Vital Magnetism the Fountain of Life and Palmer wrote "procured October 9, 1886" inside.⁶¹ Palmer, who opened his magnetic cure before October, must have obtained his education from other sources.⁶² Much of Palmer's

writings reflect more than a passing knowledge of the concept of *excitability*, also called *nervous energy*. Many appear to have been joined to those of Mesmer in his synthesis of chiropractic.

Every function of the body is under the control of the brain and nervous system. Nerves are the life of the body. All actions, even that of heat, is produced and regulated by them.⁶³

Palmer's concepts were not static with his dependency of health on proper *tone* coming to the forefront in his later writings. *Tone* was the "basic principle of Chiropractic" and is the first concept listed by Palmer in a section named "Tone and Functions" in his 1910 book. Disease is described as a condition in which abnormal functions coexist with "a change in position or structure of a part or an organ."⁶⁴ Perhaps to emphasize the importance of the section, it appears twice, on pages 363 and 841. Whether Palmer arrived at *tone* independently or adopted it from earlier theorists is not known. The *tone* determined the health of the tissues with the nervous system being pre-eminent in maintaining health. After Palmer's death in 1913, *tone* is found with decreasing frequency in the literature. At the Palmer School of Chiropractic (*Figure 17*) this decline had started with the 1906 departure of the Founder from Davenport. Chiropractic theory evolved at this school into the concept of *dis-ease* rather than *disease*.

Art. 121. Disease and Dis-ease. Disease is a term used by physicians for sickness. To them it is an entity that one can have and is worthy of a name, hence diagnosis.

Dis-ease is a term used in Chiropractic, meaning not having ease. It is the condition of matter when it does not have ease. In Chiropractic, ease is the entity, and dis-ease is the lack of it. ... To simplify matters, the writer suggests that the terms dis-ease be used, with the understanding that it indicates *unsound tissue* ... Unsound tissue can be restored to soundness only by something from within; something from Innate.

Dis-ease is the result of the prevention of something from within, coming to the outside. ... that something from within must be restored to it from within; hence the “cure” of dis-ease is from within, and never from without. No treatments or medicines (from without) can give soundness to the tissue cell. It must come from Innate.

Art. 122. The Cause of Dis-ease. The cause of Dis-ease is interference with transmission of mental impulses. The subluxation is the physical representation of the Cause.⁶⁵

Palmer’s last significant evolution in his chiropractic theory was the *vibratory nerve theory*. The vibratory nature of the nerve is disordered when a subluxation impinges (not pinches) a spinal nerve thereby changing the tension of that nerve. This change alters the vibratory transmission rate of the nerve with the end organ manifesting symptoms of dysfunction which could progress to a diseased state.⁶⁶

This development first appeared in his Portland, Oregon journal *The Adjustor*. Much from this short-lived journal, which started October 1908, is found in his 1910 book of the same name.⁶⁷ The troubled relationship existing between the elder Palmer and his son B.J. resulted in little dissemination of the elder’s later theories



as they were actively suppressed by the son following his father’s death in 1913. Spiritual and metaphysical beliefs could have been contributing factors to the Founder’s development of *tone*.

Given his extensive reading of historical and contemporary medical texts in which tone was a frequent subject, it is not necessary to consider the metaphysical concepts and the relationship of tone to metaphysics has not been sufficiently researched.^{68, 69}

The theory subscribed to by medicine creates a patient that is helpless in the face of unseen or mystical outside forces. A dependency on the physician is created early in life, creating a lucrative practice. Chiropractic doctors continue to be the sole proponents on record that recognize the primary importance for maintaining health is the patient's responsibility and effective regulation of the body is predicated upon a functionally intact nervous system.

Palmer was familiar with the germ theory:

The medical schools talk about 'ridding the body of disease' as tho it was something foreign that had to be driven out.

Germes are scavengers. To charge them with being the cause of disease would be as unjust as it would be unfair to the street scavenger to charge him with having produced the filth which he is engaged in removing.⁷⁰

In this area, the Palmer School maintained the same ideas:

Art. 189. Contagion and Infection. ... Chiropractic states that germs are transmitted from one body to another, and that poisons of a dis-ease in a person may be transmitted and poison another person with lowered tissue resistance; but Chiropractic claims that the germs and the poisons do not cause the dis-ease. The cause of the dis-ease is always in the spine.⁷¹

By the mid-1920s the Palmer School used a flowchart to record and interpret the findings of the chiropractic analysis as well as indicating areas requiring further investigation by the doctor. *Dis-ease* occurred in one of *nine primary families* qualified by one of two *specie*, representing excess and depletion. Supplemented by indicators named area, depth, power, force

and intellectual adaptation, the flowchart guided the doctor to the area of the spine involved and with further analysis the doctor identified the vertebral segment involved.⁷²

Unlike the *vitalistic* systems, the chiropractic theory of health and dis-ease gives little credence to the belief that outside forces are responsible for disease. “The healing power of nature,” viz *medicatrix naturae*, has been said to be in accord with chiropractic theories, but this is incorrect. As outside forces are not responsible for disease and *dis-ease*, neither are they responsible for healing; nature is an outside force. That was a concept embraced by medicine for two millennia and, as several chiropractic colleges adopted expanded programs that included botanical remedies, nature was brought in too. Very few seem to have questioned the presence of two different origins of healing, one internal and one external, within a single profession.

Attempts to distance the young profession from medicine are in evidence by word through the promulgation of chiropractic’s unique theory and actions. These actions are in perfect accord with the goal of unique identity creation and preservation. It appears that few understand the importance of creating this unique identity, the “becoming the un-cola” as one of my professors liked to say, to this day. One specific stand encouraged by the elder and younger Palmer was that patients had a *chiropractic analysis*, not a *medical diagnosis*. This choice underscored the rejection of medicine. “By adopting the word *Analyse*, Chiropractic has added to its specific nomenclature a new, distinctive and valuable term.”⁷³

Diagnosis: “The determination of the nature of a disease or the distinguishing of one disease from another.”⁷⁴ Note that *diagnosis* is a function of disease.

Chiropractic doctor’s normalized *tone*, restored the normal vibratory transmission rate of the nerve by removing subluxations, or removed obstacles impeding *Innate*’s ability to restore unsound tissue. None of these occurrences constitute any known disease; the statement that

chiropractors *diagnose* or “determine the nature of disease” is an ill-informed and illogical one at best. The early leaders were cognizant of the definition of *diagnosis* and were correct, given the accepted definitions at that time.

Is it possible to obtain a *diagnosis*, a term specific to disease, of *subluxation*, a condition that is not a disease? That answer came from an unanticipated quarter, the judiciary. They assumed a pivotal, but uneducated, role in this issue. Medical dictionaries were consulted for definitions and in one of the major nadirs of judicial discretion, it was determined that *chiropractic analysis* and *medical diagnosis* were the same despite expert evidence to the contrary. Evidently the nuances specific to each phrase were beyond the ability of the average superior court judge to grasp. It was also beyond the comprehensive abilities of several early Palmer students including two medical doctors: A.P. Davis and Alva Gregory. This ineptitude

Table 5a: Chiropractic Institutions open by 1920 that existed for more than five years, with years of operation.
(Alphabetical, by state)

Name	Location	Year
California Chiropractic College*	Long Beach, California	1917 – 1941
California Chiropractic College*	Los Angeles, California	1913 – 1941?
Ratlidge System of Chiropractic Schools	Los Angeles, California	1907 – 1951
Los Angeles College of Chiropractic	Los Angeles, California	1911 – OPEN
Naturopathic Institute of California	Los Angeles, California	1905 – 1951
Bullis/Oakland Chiropractic College	Oakland, California	1913 – 1920
Oakland Chiropractic College	Oakland, California	1905 – 1918
Clewell Chiropractic College	San Diego, California	1911 – 1938
Sinclair College of Chiropractic	Santa Rosa, California	1900 – 1912
Washington, D.C. School of Chiropractic	Washington, District of Columbia	1914 – 1926
American College of MechanoTherapy	Chicago, Illinois	1907 – 1920
Howard School of Chiropractic	Chicago, Illinois	1914 – 1922
Lindlahr College of Natural Therapeutics	Chicago, Illinois	1916 – 1930
National College of Chiropractic	Chicago, Illinois	1906 – OPEN
Eclectic College of Chiropractic	Chicago, Illinois	1907 – 1923
American Institute of Chiropractic	Rock Island, Illinois	1911 – 1918
American School of Chiropractic	Cedar Rapids, Iowa	1903 – 1918
Davenport College of Chiropractic	Davenport, Iowa	1911 – 1921
Palmer College of Chiropractic	Davenport, Iowa	1897 – OPEN
Universal Chiropractic College	Davenport, Iowa	1910 – 1918

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

* Institutions with an asterisk after their name are from the author’s research.

Table 5b: Chiropractic Institutions (*continued*)

Name	Location	Year
Colvin Chiropractic College	Wichita, Kansas	1914 – 1943
Detroit Chiropractic College	Detroit, Michigan	1913 – 1944
Michigan College of Chiropractic	Grand Rapids, Michigan	1910 – 1932
Carroll School of Chiropractic	Minnesota	1916 – 1932
Chiropractic School & Cure	Minneapolis, Minnesota	1905 – 1910?
Minnesota Chiropractic College	Minneapolis, Minnesota	1912 – 1946
St. Paul College of Chiropractic	St. Paul, Minnesota	1912 – 1938
Logan College of Chiropractic	Chesterfield, Missouri	1906 – OPEN
Chiropractic University	Kansas City, Missouri	1913 – 1927
St. Louis Chiropractic College	St. Louis, Missouri	1909 – 1922
Nebraska Chiropractic College	Lincoln, Nebraska	1908 – 1927
Mecca College of Chiropractic	Newark, New Jersey	1910 – 1943
American School of Chiropractic	New York, New York	1905 – 1931
Carver Chiropractic Institute	New York, New York	1919 – 1934
Columbia Institute of Chiropractic	New York, New York	1919 – OPEN
New York School of Chiropractic	New York, New York	1919 – 1944
Carver Chiropractic College	Oklahoma City, Oklahoma	1906 – 1958
Chiropractic Institute of Oklahoma City	Oklahoma City, Oklahoma	1914 – 1923
Pacific College of Chiropractic	Portland, Oregon	1903 – 1913
Peerless College of Chiropractic	Portland, Oregon	1902 – 1913
Restview Chiropractic College	Seattle, Washington	1906 – 1935
Antigo College of Chiropractic	Antigo, Wisconsin	1912 – 1918

Name given is the one most recognized with years of operation including any forerunners (and successor) schools.

NOTE: Only institutions that had opened before 1920 are included and these are further limited to only those that are known to have existed for more than five years; "diploma mills" have not been included.

Source (except institutions marked with an *):

Alana Ferguson, M.S. and Glenda Wiese, M.A., "How Many Schools? An Analysis of Institutions That Offered the D.C. Degree," *Chiropractic History* 8(1): 27 – 36. For later list see: Glenda Wiese, Ph.D. and Alana Callender, M.S., "How Many Chiropractic Schools? An Update," *Chiropractic History* 27(2): 89 – 119.

continues to the present time; in the 1970s, one chiropractic researcher stated that the early chiropractors had rejected all *physical diagnosis*. When asked to explain, he offered that by *physical diagnosis* he meant *medical diagnosis*, and maintained his position. While an argument could be made that only medical doctors can make a medical diagnosis, it is a difficult position to maintain and the courts have usually made the distinction between *diagnosis* and *medical diagnosis* as one of education levels – *diagnosis* can be performed by non-physician paraprofessionals while *medical diagnosis* can only be done by licensed doctors with no distinction being made for chiropractic, osteopathic and medical doctors. A *physical diagnosis* is different than a *medical diagnosis* if one means a diagnosis made by a medical doctor which is a

questionable position to have when there is little support for such an interpretation. The fact that he choose not to educate himself on the proper use of medical terminology so as to be able to understand that claiming to diagnose opened members of the profession to accusations of practicing medicine without a license as diagnosis was connected to the practice of medicine in law. A *physical diagnosis* appertains to the physical state of the patient and most healthcare professionals can do some form of physical diagnosis; it is unclear how a researcher known for his supposed medical knowledge did not know this. This error has no factual basis and was made to cast the chiropractic pioneers in an unfavorable light in comparison to those currently studying or practicing in the field.

CONCLUSION

It deserves to be reiterated: the word *medicine* as used herein is as it is understood in law. Scope of practice is based in law and the definitions of terms must also be based in law, not extralegal sources, if they are to be both valid and applicable.

It must be accepted that one licensed as a doctor of chiropractic must be practicing chiropractic with all that entails. In most states in this country the chiropractic scope of practice includes the method that D.D. Palmer discovered in 1895 as well as many other, non-medical, techniques. While the ultimate goal of practicing doctors in both professions is to have their patients experience good health, the methods to achieve this goal, and the reasons behind the methods, are different. Exactly how one could practice medicine, as defined in law, with a chiropractic orientation (which would be the correct use of the phrase *chiropractic medicine*) is not an easy one to grasp. The medical treatment for an infection is usually a prescription antibiotic. There is no chiropractic treatment for an infection *per se*; treatment is aimed at

identifying why there was a breakdown in the body's defenses that allowed the infection to occur, and to remove the interference causing the breakdown. How that would be accomplished within the confines of allopathic medicine is unknown to this author.

The *theory of health and dis-ease* embraced by the chiropractic profession is at odds with its medical counterpart, the *germ theory* of disease. This difference between the basic principles upon which each school operates dictates the continuing need for a separate and independent chiropractic profession.⁷⁵ In fact, recent developments in medical theory indicates that allopathic medicine is seeing the correctness of the *chiropractic theory of health and dis-ease* with the adoption of the mind-body theories, the latest one in vogue being the *biopsychosocial model of health and illness* (BPS). George Engel, M.D. introduced BPS in 1977 and it “accompanied a dramatic shift in focus from disease to health, recognizing that psychosocial factors (e.g. beliefs, relationships, stress) greatly impact recovery the progression of and recuperation from illness and disease.”⁷⁶

The existence of some degree of overlap in the diagnostic procedures and the therapeutic armamentarium of both professions is indicative of the universality of certain aspects of healthcare and not the exclusive possession by one profession. Yet some treatment approaches are owned by the profession: prescription privileges are restricted to medical doctors (with limited exceptions) while a small number of states have proceeded to restrict the chiropractic adjustment to licensed chiropractic doctors.

The author's findings are applicable for the use of the phrase *chiropractic medicine* for the profession during the period spanning 1895 to 1920. The answer to the first question found in the abstract “is the designation *chiropractic medicine* a grammatically correct one, applicable to graduates of chiropractic institutions?” is no. Use of this phrase does not comply with the

currently accepted laws of English grammar. Without a change in the laws of grammar or widespread agreement that the phrase is an idiomatic one, it will remain grammatically incorrect in the future.

Medicine does not possess a monopoly on discord and dissension; chiropractic does well in those fields too. Perhaps the most well-known is the century-old straight versus mixer debate. Yet, in 20 years of research and conversations with several leading members of our profession and, literally, hundreds of doctors in the field, less than 1% could adequately define what they thought was meant by *straight* chiropractic and *mixer* chiropractic. Some equated *straight* with a technique, most commonly HIO while others thought it meant *hand-only*, *spine-only* and some thought it meant adjusting any of the 3 causes of subluxation as stated by D.D. Palmer, but nothing more; still others believed that *straight* included physiotherapies. With that disparity of definitions, the reader can imagine the level of confusion trying to define the more nebulous *mixer* category.

Is there an answer to the second question “could chiropractic meet the criteria to be a recognized medical sect before 1920?” Yes there is; the number of times that D.D. Palmer declared that chiropractic is not medicine should serve to emphasize the importance of this statement rather than be used as a way to relegate the founder to any status less than that of being the founder of chiropractic. D.D. Palmer founded a profession that is based on a theory of health and disease that is different from all others. It is the largest profession in the world of doctors dedicated to the restoration and maintenance of health from within, second in size only to the medical profession with whatever theory of disease they currently accept.

By 1920 the chiropractic profession satisfied the first three criteria to be accepted as a medical sect. Moore states that by August 1917, thirty-two schools and colleges teaching

chiropractic had been organized.⁷⁷ More than double that number are found in the source used to create Tables 5a and 5b. These tables are limited to schools in existence before 1920 and to only those that are known to have existed for more than five years. The Universal Chiropractors Association had been in existence for fourteen years and the first American Chiropractic Association for fifteen years by 1920.⁷⁸ Legislation regulating the profession had been passed in fourteen states by 1920 and twenty-more followed suit within five years.⁷⁹

Strictly as an historical investigation into this subject, it is safe to state that chiropractic was not thought to be a part of *medicine* by its founder, by organized medicine or by any state licensing boards up to the period ending in 1920. The answer to the second question is no, the profession did not fulfill the criteria required to become a recognized member of the medical sectary.

Does this impact the present? The benefits that accrue to medicine, by virtue of it being called *medicine* are undeniable, for example, greater respectability, authority, prestige and financial remuneration. The attraction to securing those advantages for members of the chiropractic profession is also undeniable. However, questions arise when attempting to do so by utilization of the phrase *chiropractic medicine*. Is it describing a medical sect, as it did with those described herein? Is it a way to garner the advantages of being viewed as being a part of medicine enjoying the attendant benefits just described? If the benefits of adopting this phrase are determined to outweigh any possible negative consequences, how will those responsible for said adoption educate the public at large? Who will be responsible for obtaining the consent of all licensing agencies and the various governmental departments that impact the profession? How will criticism from organized medicine be answered? Does such an effort have the goal of a two-tiered profession in which there are “chiropractors” and “chiropractic physicians”?

The chiropractic profession has stood proudly for over a hundred years because its leaders have not been duped, have not ignored history and have not betrayed the basis for the profession's existence. They have not fallen prey to the empty promises, and certain elimination, that all who have decided to "join" the allopathic profession have experienced during these same hundred years. The "Medical Cormorant" does indeed desire to swallow.

The author leaves the reader with this one last observation: Daniel David Palmer, D.C. thought, believed and promoted chiropractic as just that, *chiropractic*, and not anything else.

(Figure 18)

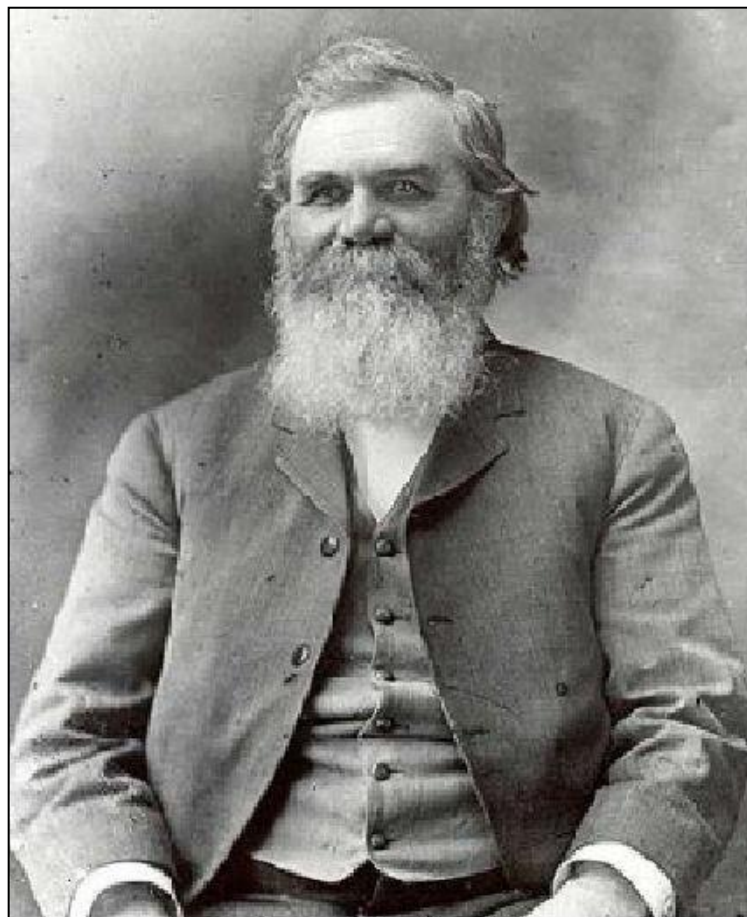


Figure 18: D.D. Palmer, D.C., *circa* 1910
Founder of Chiropractic

ENDNOTES

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- ¹ The Free Dictionary, s.v. “oxymoron” URL: <http://www.thefreedictionary.com/wiki/oxymoron>.
- ² The American Heritage® Stedman's Medical Dictionary_ 2nd ed., s.v. “medicine,” URL: <http://medical-dictionary.thefreedictionary.com/medicine>.
- ³ The Free Dictionary, s.v. “sect” URL: [http:// www.thefreedictionary.com./wiki /sect](http://www.thefreedictionary.com/wiki/sect).
- ⁴ The American Heritage® Stedman's Medical Dictionary, 2nd ed., s.v. “allopathy” URL: <http://www.answers.com/topic/allopathy>.
- ⁵ Winterstein, J. Expanding Our Vision. J Chiropr Med 2002; 1: (page unknown).
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